

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mark W. Perlin

Application No.: 09/849,809

Group No.: 1631

Filed: 05/04/2001

Examiner: Ardin H. Marschel

For: METHOD AND SYSTEM FOR NUCLEIC ACID SEQUENCING

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

12/20/2004 KSUTEMA1 00000011 09849809

Fee:

\$510.00

01 FC:1253

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

X with sufficient postage as first class mail.

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

Tracey L. Milka

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	CLAIMS REMAINING HIGHEST NO AFTER PREVIOUSLY		(C	ol. 3)		SMALL ENTITY					
	REMAINING			PRESENT EXTRA		RATE			ADDIT. FEE			
TOTAL	8	-	20	=	0	х	\$	25.00	=	\$	0.00	
INDEP.	2	-	3	=	0	х	\$	100.00	=	\$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM+							\$	0.00	=	\$	0.00	
								TOTAL DIT. FEE		\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$510.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

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